



415 Hepplewhite Dr.
Johns Creek, GA 30022
770-649-1886 / fax 770-645-6545
www.bodamer.com

December 9, 2013

VIA ECFS and FedEx

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, D.C. 20554

RE: WC Docket Nos. 10-90 and 11-42
Annual Report Pursuant to 47 C.F.R. §§ 54.313 and 54.422
Study Area Code 110037

Dear Ms. Dortch:

Richmond Telephone Company, Study Area Code 110037, by its authorized representative, files the attached confidential and redacted versions of its FCC Form 481 – Carrier Annual Reporting Data Collection Form in compliance with 47 C.F.R. §§ 54.313 and 54.422. The company seeks confidential treatment under the Protective Order for 47 C.F.R. § 54.313(f)(2) financial data. The redacted version is also being filed via the FCC's Electronic Comment Filing System.

This filing updates the one previously filed to address issues raised by the Massachusetts Department of Telecommunications and Cable. Specifically, this filing revises the descriptors associated with compliance to Service Quality Standards and Functionality in Emergency Situations (Lines 510 and 610, respectively) and provides documentation concerning the Company's provision of Lifeline services (Line 1200) that was previously incorrectly referenced.

This filing was certified and resubmitted to USAC today and is being concurrently filed with the Commonwealth of Massachusetts.

Should you have any questions, please call me at 770-649-1886.

Sincerely,

A handwritten signature in black ink that reads "Eileen M. Bodamer". The signature is written in a cursive, flowing style.

Eileen M Bodamer, Authorized Agent / Consultant to Richmond Telephone Company

Enclosures

Cc: Rick Drake

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	110037
<015> Study Area Name	RICHMOND TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Eileen Bodamer
<035> Contact Telephone Number: Number of the person identified in data line <030>	770-649-1886
<039> Contact Email Address: Email of the person identified in data line <030>	Eileen@Bodamer.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	110037MA310 (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0			
<420> Mobile				
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 110037MA510	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 110037MA610	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="checkbox"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form	
FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	

<010>	Study Area Code	110037
<015>	Study Area Name	RICHMOND TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data Bileen Bodamer	
<035>	Contact Telephone Number - Number of person identified in data line <030> 770-649-1886	
<039>	Contact Email Address - Email Address of person identified in data line <030> Bileen@Bodamer.com	
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> (yes) <input checked="" type="radio"/> (no)
<111>		(yes / no) <input type="radio"/> (yes) <input type="radio"/> (no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

(900) Tribal Lands Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	110037
<015>	Study Area Name	RICHMOND TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	770-649-1886
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Select (Yes, No, NA)
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	110037
<015>	Study Area Name	RICHMOND TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	770-649-1886
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

☐

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
Lifeline Data Collection Form			
<010>	Study Area Code	110037	
<015>	Study Area Name	RICHMOND TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer	
<035>	Contact Telephone Number - Number of person identified in data line <030>	770-649-1886	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com	

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	110037NA1210	Name of attached document (.pdf)
<1220>	Link to Public Website	HTTP	
<p>"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:</p>			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>	
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>	
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>	

(2000) Price Cap Carrier Additional Documentation			FCC Form 481
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>			July 2013
<010>	Study Area Code	110037	
<015>	Study Area Name	RICHMOND TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer	
<035>	Contact Telephone Number - Number of person identified in data line <030>	770-649-1886	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com	
CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.			
Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))		
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))		
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))			
<2016>	Certification Support Used to Build Broadband		
Connect America Phase II Reporting (47 CFR § 54.313(e))			
<2017>	3rd year Broadband Service Certification		
<2018>	5th year Broadband Service Certification		
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
<2021>	Interim Progress Community Anchor Institutions		
			Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation		FCC Form 481	
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
		July 2013	

<010>	Study Area Code	110037
<015>	Study Area Name	RICHMOND TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Elleen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	770-649-1886
<039>	Contact Email Address - Email Address of person identified in data line <030>	Elleen@Bodamer.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011)			
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		<input type="checkbox"/>
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/> <input type="checkbox"/>
(3015)			
(3016)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3017)			
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
(3019)			
(3020)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
(3021)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(3022)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3023)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3024)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3025)	Attach the worksheet listing required information		<input type="checkbox"/>
(3026)		Name of Attached Document Listing Required Information	110037NA3026

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	110037
<015>	Study Area Name	RICHMOND TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	770-649-1886
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	110037
<015> Study Area Name	RICHMOND TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035> Contact Telephone Number - Number of person identified in data line <030>	770-649-1886
<039> Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Eileen Bodamer</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Eileen Bodamer
Name of Reporting Carrier:	RICHMOND TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 12/09/2013
Printed name of Authorized Officer:	Richard Drake
Title or position of Authorized Officer:	Chief Financial Officer
Telephone number of Authorized Officer:	5183280336
Study Area Code of Reporting Carrier:	110037 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	RICHMOND TEL CO
Name of Authorized Agent or Employee of Agent:	Eileen Bodamer
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 12/09/2013
Printed name of Authorized Agent or Employee of Agent:	Eileen Bodamer
Title or position of Authorized Agent or Employee of Agent:	Authorized Consultant
Telephone number of Authorized Agent or Employee of Agent:	770-649-1886
Study Area Code of Reporting Carrier:	110037 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

110037MA310

Intentionally left blank.

Richmond Telephone Company – Line 510
Rev. 12-5-2013

Richmond Telephone Company
47 CFR§54.313(a)(5) Certification that it is complying with applicable service quality standards and consumer protection rules

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.” The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.² In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”

Richmond Telephone Company (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under federal rules as well as those promulgated by the Massachusetts Department of Telecommunications and Cable (“DTC”). The Company complies with the applicable service quality standards and consumer protections including, but not limited to, the following:

(1) filing a Local Exchange Tariff and providing notice regarding changes in that tariff pursuant to 220 CMR 5.0; and making rate and service information available for inspection and disclosure in the Company’s office and on its website;

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.”

Richmond Telephone Company – Line 510
Rev. 12-5-2013

(2) reporting major service interruptions to the DTC in a manner consistent with its requirements such as calling or emailing the director of the Competition Division during extended outages or weather emergency conditions;

(3) adherence to state consumer protection requirements governing telephone providers which include Consumer protections as identified in 220 CMR 13.00 – Consumer Protection From The Unauthorized Changing of Local or Long Distance Telephone Service Providers; and

(4) providing full and prompt investigation of and response to customer complaints in accordance with dispute resolution procedures established by the DTC; and

(5) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy including training of employees that have access to CPNI on the rules and procedures for protecting account information and authenticating callers pursuant to 201 CMR 17.00 and in compliance with M.G.L c. 93H; and

(6) complying with the D.P.U. 18448 in regards to its Billing and Termination Practices section, including the requirement that the Company clearly list all charges and credits on customers' bills as well as providing at least fifteen (15) days notice of discontinuance of services; and

(7) providing access to enhanced 911 pursuant to M.G.L. c. 6A, s. 18H;

(8) participating in a statewide system to assist the hearing impaired and providing service discounts for the deaf, hard of hearing, blind and visually impaired pursuant to M.G.L. c. 6A, s. 18-B(m) and M.G.L. c. 166, s. 15(E).

Richmond Telephone Company – Line 610
Rev. 12-5-2013

Richmond Telephone Company
Demonstration of Ability to Function in Emergency Situations
47, Part 54, Subpart C, §54.202(a)(2)

Richmond Telephone Company (“Company”) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2) as discussed below.

Richmond’s network is monitored 24 x 7 by its switch engineers both on site during regular business hours and via its Troy, NY consolidated operating center. The Company maintains a trouble reporting number that is answered by its own employees during regular business hours and a 24-hour call center after hours to maintain 24 x 7 availability.

The Company provides as much redundancy and diversity as is practical within its network via a ring. Unless otherwise not feasible, all equipment is supported against power failure through battery back-ups or generators. When faced with a network emergency, typically a hurricane or other weather event, network operations are diverted from failed areas to those still in service.

Calls directed to the Company’s customer service number (413-698-2255) that cannot be immediately handled are referred to the on call manager who maintains an internal escalation list that allows emergencies, including those referred by the Massachusetts Department of Telecommunications and Cable, to be promptly referred to the appropriate personnel.

Because of its size, the Company recognizes that its internal communications are a critical component of network functionality and according, all Richmond employees in a repair / maintenance and / or management position are required to have a cell phone that is either provided, or partially subsidized, by the Company. Richmond participates in its corporate outage plan and the Company maintains internal recovery plans for emergency preparedness and

Richmond Telephone Company – Line 610
Rev. 12-5-2013

recovery on a smaller scale. In a severe emergency, the Company would rely on its contractors and vendors, employees from its affiliates, and likely other utilities, to supplement whatever labor requirements it would need that could not otherwise be met by Richmond's own employees.

Richmond Telephone Company – Line 1210
Rev. 12-5-2013

Richmond Telephone Company
Lifeline Terms
47, Part 54, Subpart C, §54.422(a)(2)

Richmond Telephone is fully compliant with all Lifeline requirements and incorporates those requirements in its Local Tariff M.D.P.U. – No. 6: Original Page 5.A and Second Revised Page 6.

The Company's Lifeline program provides for unlimited local calls to the same calling area as is provided to its non-Lifeline subscribers. Access to toll free numbers, operator services and 911 are also provided. Lifeline customers have their choice of carrier and the toll rates provided will vary based on the interexchange carrier selected. Lifeline customers may choose to have their lines blocked from completing long distance calls, including pay-per-call services (ie, "900" numbers) and the Company will provide this blocking at no charge to Lifeline eligible subscribers.

Lifeline applicants must complete an application that details the requirements for Lifeline eligibility and must remain in compliance with those requirements under FCC rules to continue to receive the Lifeline discount.

GENERAL REGULATIONS (Continued)

X. LIFELINE SERVICE

A. General

A discount for local telephone service is available to low income residential customers. To be eligible for a Lifeline credit, a customer must be a current recipient of any one of the following low-income assistance programs or have income at or below 135 percent of the Federal Poverty Guidelines [Note 1].

1. Supplemental Security Income (SSI)
2. Supplemental Nutrition Assistance Program (T)
3. Medicaid
4. Federal public housing/Section 8 [Note 1] (C)
5. Low Income Home Energy Assistance Program (LIHEAP) (T)
6. Temporary Assistance to Needy Families program (TANF) [Note 1] (C)
7. National School Lunch's free program (NSL) [Note 1] (C)
8. Emergency Aid to the Elderly, Disabled and Children (C)
9. Mass Health (C)
10. Transitional Aid to Families with Dependent Children (C)

B. Eligibility

Applicants must provide proof of eligibility. The Company, in coordination with appropriate agencies, will annually verify a customer's eligibility status. If, after verification, a customer is identified as being ineligible, the customer will be notified that unless the information is shown to be in error, the Lifeline discount will be discontinued. The customer will be billed for discounts received during the time they were deemed ineligible for the service.

Lifeline Service is limited to one discount per Household. Household is defined as any individual or group of individuals who are living together at the same address as one economic unit. A household may include related and unrelated persons. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. An adult is any person eighteen years or older. If an adult has no or minimal income, and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents or guardians.

[Note 1] This provision is effective June 1, 2012.

* Material appearing here previously appeared as First Revised Page 6.

GENERAL REGULATIONS (Continued)

X. LIFELINE SERVICE (Continued)

B. Eligibility (Cont'd)

Eligible Lifeline applicants may receive Toll Blocking service at no charge.

Lifeline Service applies to a single telephone line at the principal place of residence of the applicant, whether purchased on a standalone basis, with other services, or as part of a bundle of services.

C. Rates and Charges

Lifeline service provides a reduction as noted below in the rate for local exchange service, not to exceed the rate charged for such services.

Local Rate reduction:

	<u>Federal</u>	<u>State</u>	<u>Total</u>
- Until July 31, 2012:	\$10.00	\$6.00	\$16.00
- Beginning August 1, 2012:	\$ 9.25	\$6.00	\$15.25

(C)

(C)

(N)

* Material previously appearing here now appears on Original Page 5.A

Issue Date: June 6, 2012

Effective Date: July 6, 2012

Issued by: Dan Yamin, President

PUBLIC - REDACTED
RICHMOND TELEPHONE COMPANY
Lifeline Eligibility Consumer Affidavit

Applicant Name: _____

Date of Birth: _____ SSN (last 4 digits): _____ or Tribal identification no. _____

Service Address:

Number Street (Apt. No) City State Zip

Is this a temporary address? ☐ Yes ☐ No Telephone No. _____

Billing Address if different from Service Address

Number Street (Apt. No) City State Zip

Billing Name on Account if different from Applicant: _____

I am applying or recertifying for Lifeline benefits based on one of the following eligibility criteria:

I am currently enrolled in an eligible program [check applicable boxes below]

- | | |
|--|--|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP, Food Stamps) | <input type="checkbox"/> Temp. Asst. to Needy Families (TANF) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> National Free School Lunch Program (NSL) |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LHEAP) | <input type="checkbox"/> Low Income Federal Housing |
| <input type="checkbox"/> Emergency Aid to the Elderly, Disabled and Children (EAEDC) | <input type="checkbox"/> MassHealth |
| <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC) | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Tribal offerings (Head Start or Food Distribution Program) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |

Or

I meet income eligibility requirements [complete qualification information below]

- ☐ My household is at or below 135% of the Federal Poverty Level. No. in Household: _____

Household Size	135% of Federal Poverty Levels
1	\$15,080
2	\$20,426
3	\$25,772
4	\$31,118
Add for each additional person after 4 to household size 4	\$ 5,346

Certifications Required for Lifeline Participants

- a. I understand that Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

Cu

stomer initials: _____

- b. I understand that only one Lifeline service is available per household (as defined as any individual or group of individuals who live together at the same address and share income and expenses) and a household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the de-enrollment from the Program.

Cu

stomer initials: _____

- c. I understand that I may not transfer my Lifeline benefit to any other person.

Cu

stomer initials: _____

- d. I further understand and consent that the data included in my application will be divulged to USAC and/or its agents for purposes of verification that I am only in receipt of one lifeline benefit.

Customer initials: _____

Continued on Page 2